

1													2		3 PATIENT CONTROL NO.			4 TYPE OF BILL																																																																																																																	
													3			4																																																																																																																			
													5 FED TAX NO.			6 STATEMENT PERIOD FROM			7 COV D. THROUGH			8 N.CO.			9 C-ID.			10 L-R.D.			11																																																																																																				
5													6																																																																																																																						
12 PATIENT NAME													13 PATIENT ADDRESS																																																																																																																						
14 BIRTHDATE			15 SEX			16 MS			17 DATE			18 HR			19 TYPE			20 SRC			21 D JR			22 STAT			23 MEDICAL RECORD NO.			CONDITION CODES			31																																																																																																		
14			15			16			17			18			19			20			21			22			23			24			25			26			27			28			29			30			31																																																																																
32			OCCURRENCE			33 OCCURRENCE			34 OCCURRENCE			35 OCCURRENCE			36 OCCURRENCE SPAN			37 A			37 B																																																																																																														
CODE			DATE			DATE			CODE			DATE			CODE			FROM			THROUGH																																																																																																														
32			33			34			35			36			37			38			39			40			41			42			43			44			45			46			47			48			49																																																																																
42 REV. CO.			43 DESCRIPTION			44 HCPCS/RATES			45 SERV. DATE			46 SERV UNITS			47 TOTAL CHARGES			48 CHARGES			49 NON-COVERED																																																																																																														
42			43			44			45			46			47			48			49																																																																																																														
50 PAYER			51 PROVIDER NO.			52 REL			53 ASO			54 PRIOR PAYMENTS			55 EST. AMOUNT DUE			56																																																																																																																	
57			58			59			60			61			62			63			64			65			66			67			68			69			70			71			72			73			74			75			76			77			78			79			80			81			82			83			84			85			86			87			88			89			90			91			92			93			94			95			96			97			98			99			100		
58 INSURED'S NAME			59 P. REL			60 CERT. SSN.			61 HIC. ID NO.			62 GROUP NAME			63 EMPLOYER LOCATION			64 EMPLOYER LOCATION			65 EMPLOYER LOCATION			66 EMPLOYER LOCATION			67 E-CODE			68			69			70			71			72			73			74			75			76			77			78			79			80			81			82			83			84			85			86			87			88			89			90			91			92			93			94			95			96			97			98			99			100					
63 TREATMENT AUTHORIZATION CODES			64 ESC			65 EMPLOYER NAME			66 EMPLOYER NAME			67 EMPLOYER NAME			68 EMPLOYER NAME			69 EMPLOYER NAME			70 EMPLOYER NAME			71 EMPLOYER NAME			72 EMPLOYER NAME			73 EMPLOYER NAME			74 EMPLOYER NAME			75 EMPLOYER NAME			76 EMPLOYER NAME			77 EMPLOYER NAME			78 EMPLOYER NAME			79 EMPLOYER NAME			80 EMPLOYER NAME			81 EMPLOYER NAME			82 EMPLOYER NAME			83 EMPLOYER NAME			84 EMPLOYER NAME			85 EMPLOYER NAME			86 EMPLOYER NAME			87 EMPLOYER NAME			88 EMPLOYER NAME			89 EMPLOYER NAME			90 EMPLOYER NAME			91 EMPLOYER NAME			92 EMPLOYER NAME			93 EMPLOYER NAME			94 EMPLOYER NAME			95 EMPLOYER NAME			96 EMPLOYER NAME			97 EMPLOYER NAME			98 EMPLOYER NAME			99 EMPLOYER NAME			100 EMPLOYER NAME																				
67 PRIN.DIAG.CO.			68 CODE			69 CODE			70 CODE			71 CODE			72 CODE			73 CODE			74 CODE			75 CODE			76 ADM.DIAG.CO.			77 E-CODE			78			79			80			81			82			83			84			85			86			87			88			89			90			91			92			93			94			95			96			97			98			99			100																																
79 P.C.			80 PRINCIPAL PROCEDURE			81 OTHER PROCEDURE			82 ATTENDING PHYS. ID.			83 OTHER PHYS. ID.			84			85			86			87			88			89			90			91			92			93			94			95			96			97			98			99			100																																																																				
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85 PROVIDER REPRESENTATIVE			86			87			88			89			90			91			92			93			94			95			96			97			98			99			100																																																																																						
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FIGURE 1A

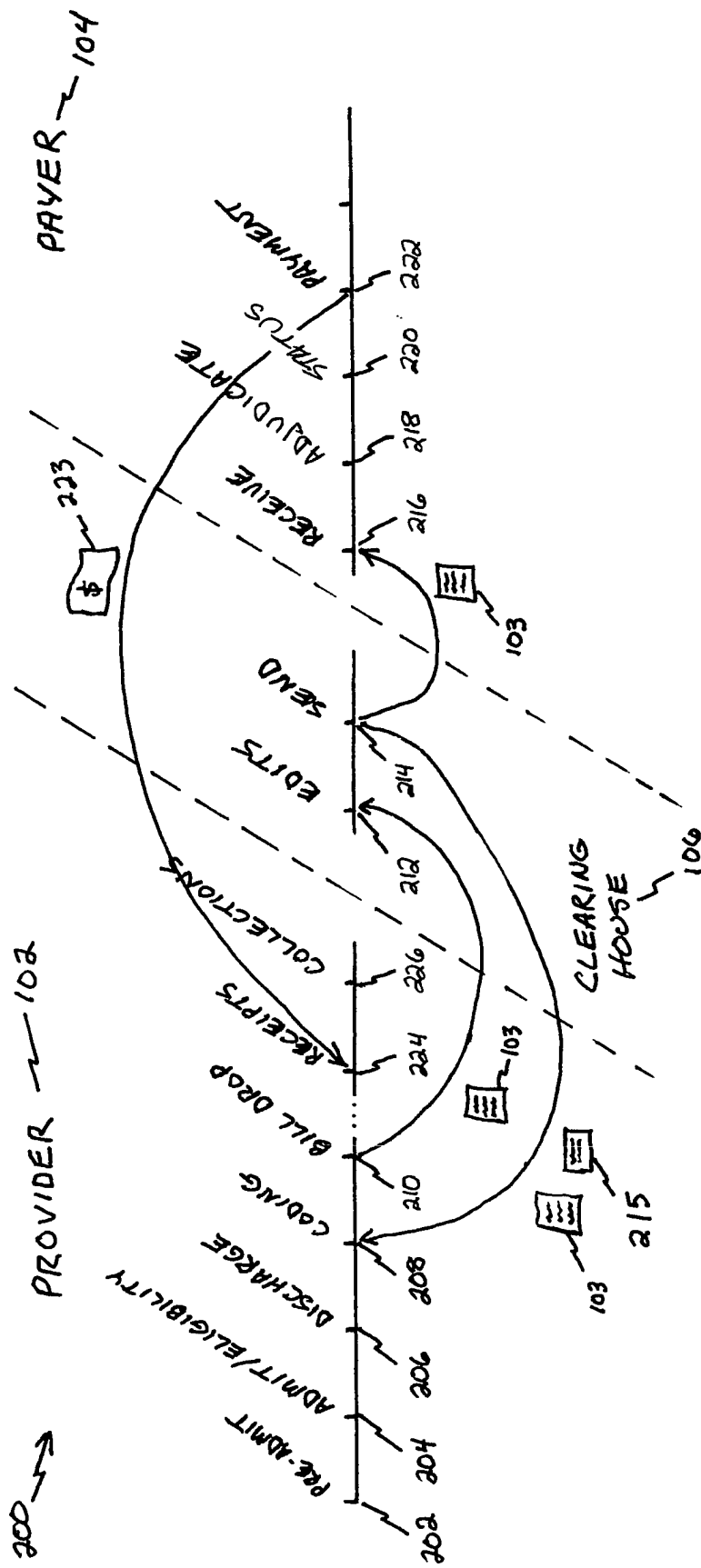
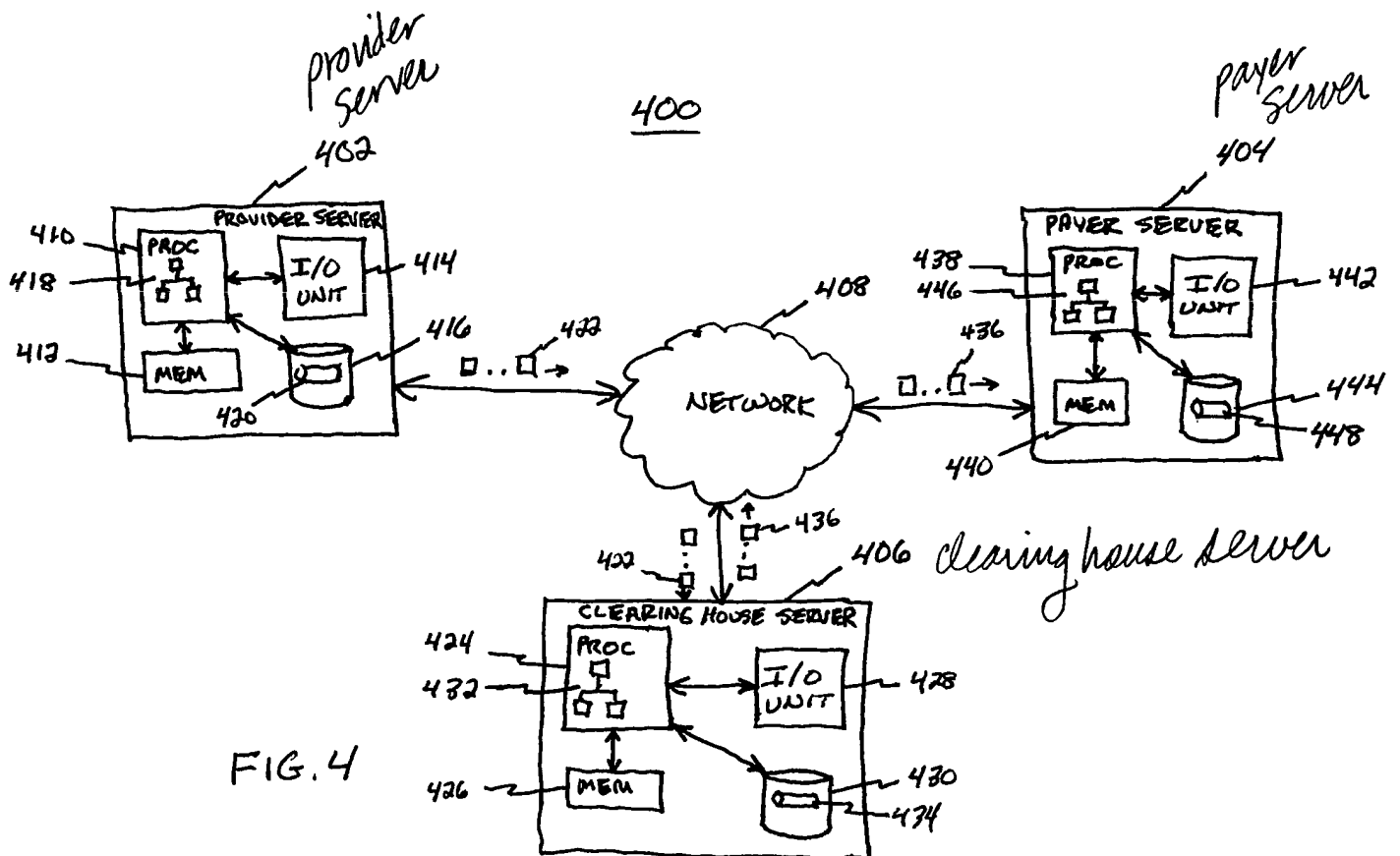
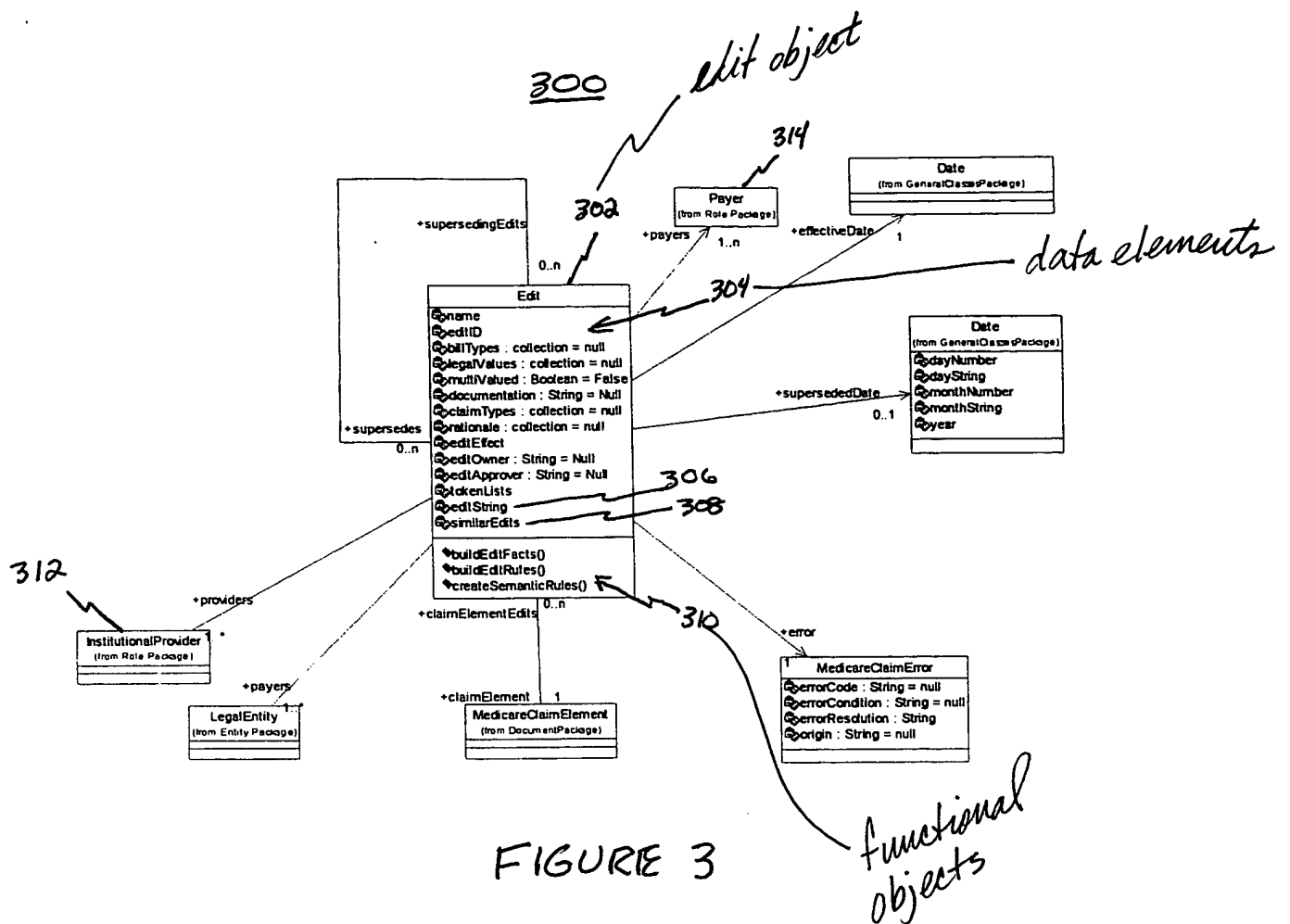


FIG. 2



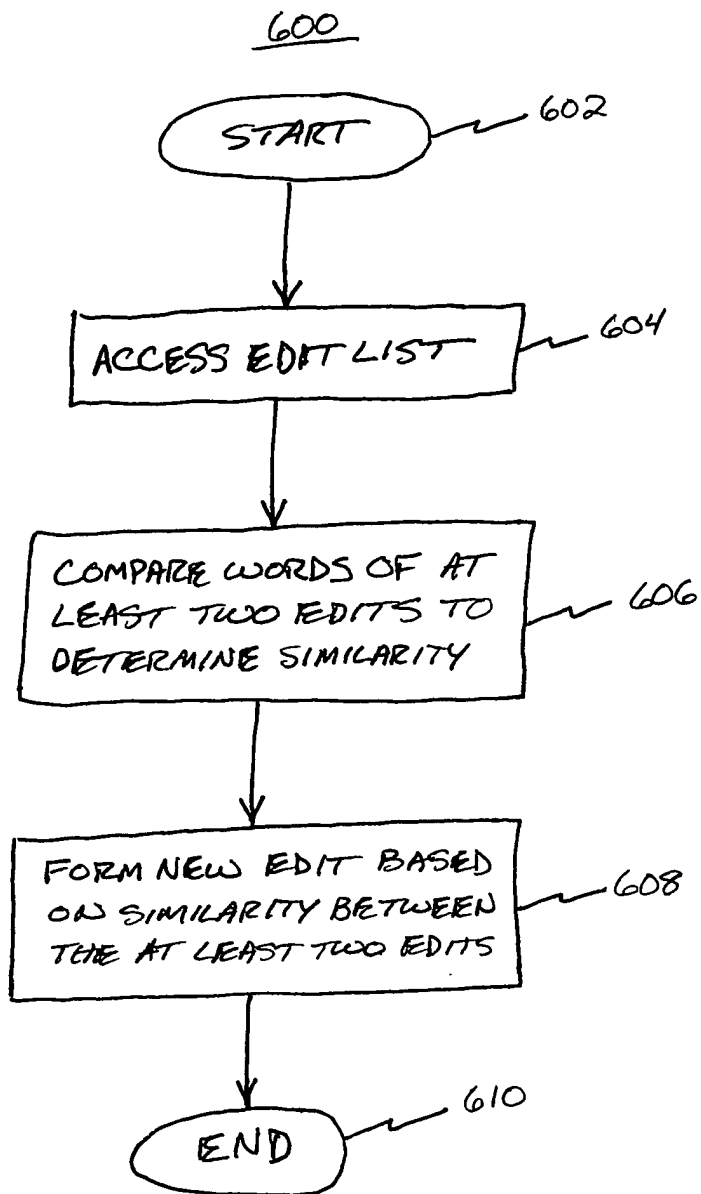
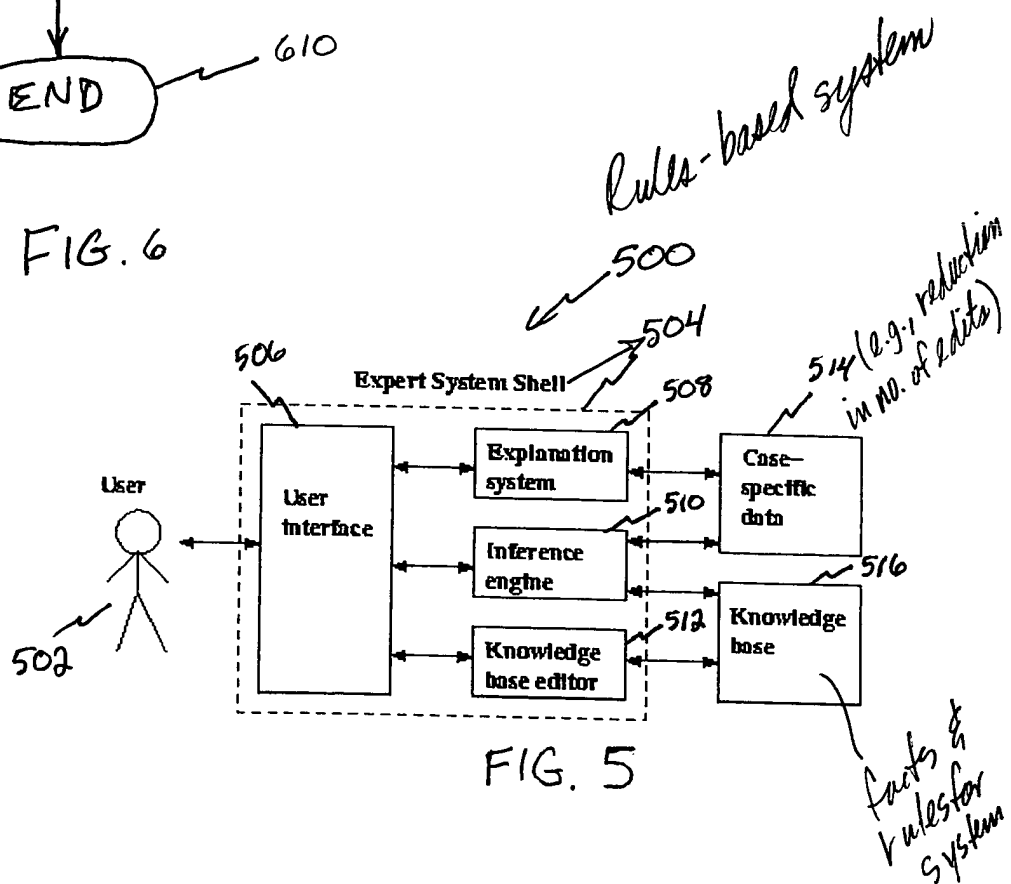


FIG. 6



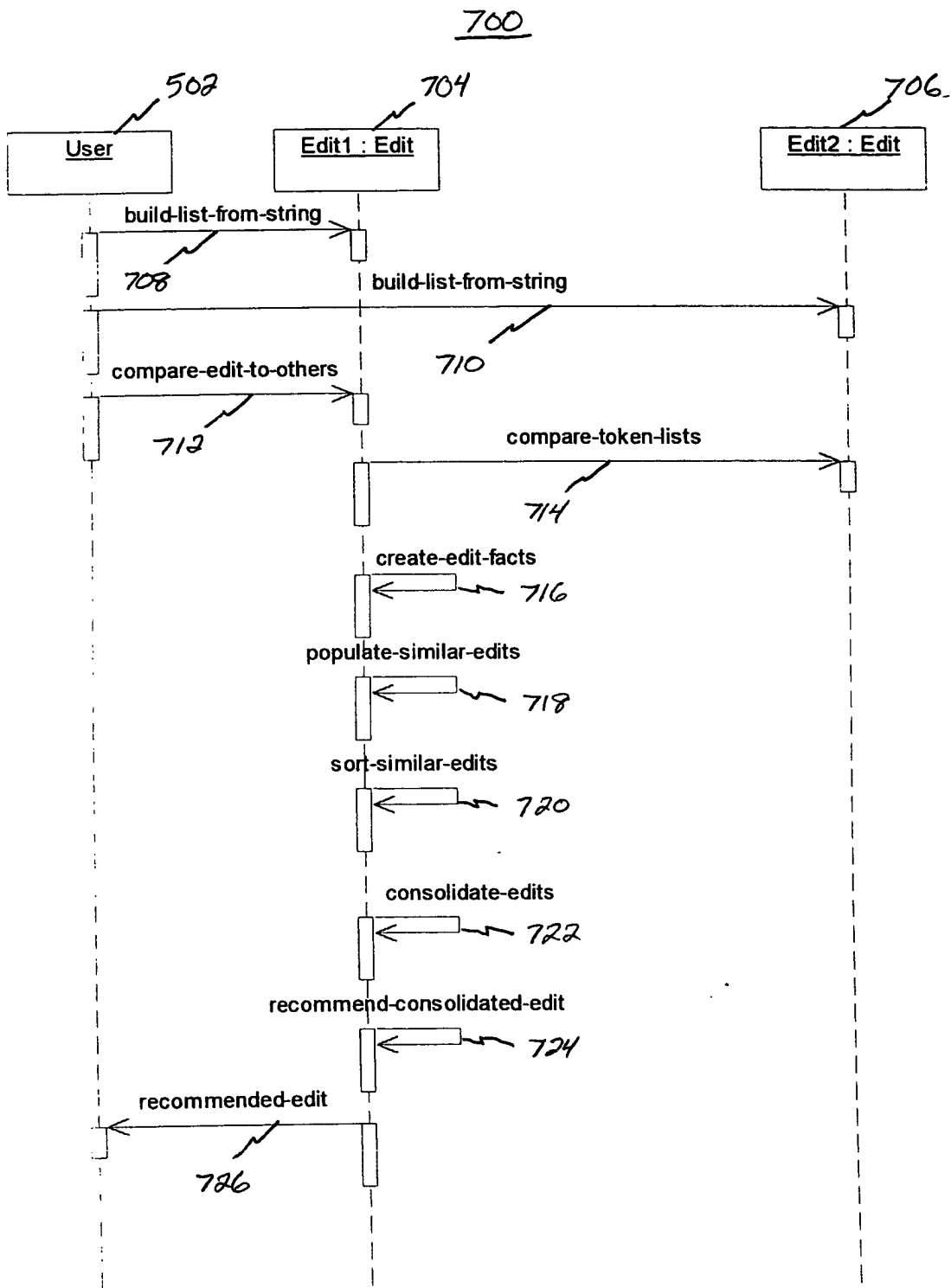


FIGURE 7

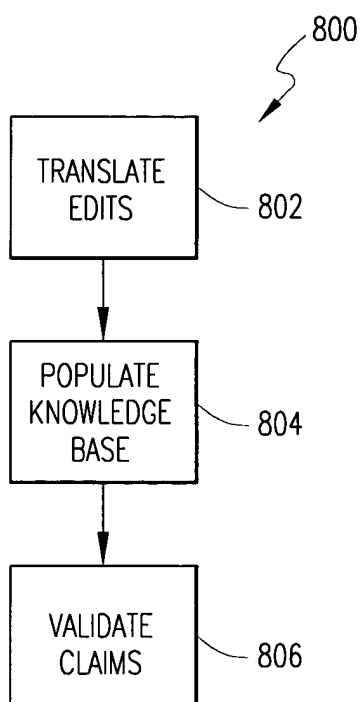


FIG. 8

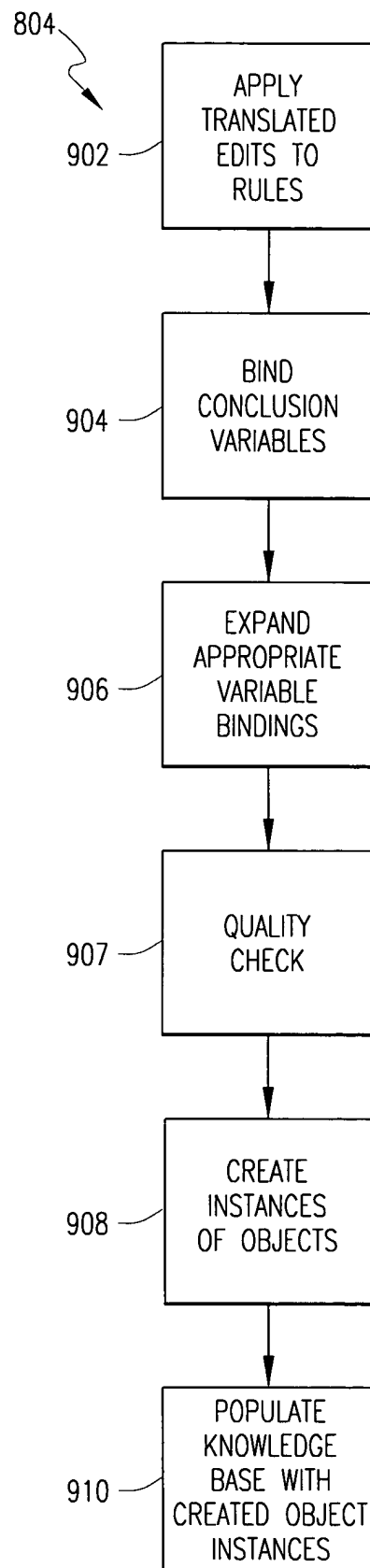


FIG. 9